

**SIC LIFE COMPANY LIMITED**  
**P.O. BOX CT-3242,**  
**CANTONMENTS - ACCRA.**

**REQUEST FOR CHANGE**

**Date:** . . . . .

**I,** . . . . . , with **Policy No.** . . . . .

**EMPLOYER** .....**ACCOUNT NO.**.....

**PHONE NO.**..... **BANK NAME**.....

**BRANCH**.....

Desire to make the following changes on my policy:

**ADDRESS:** From: -----

To: -----

**FACE AMOUNT:** From: **GH¢** -----

To: **GH¢** -----

**PREMIUM:** From: **GH¢** -----

To: **GH¢** -----

**PLAN:** From: -----

To: -----

**NAME:** From: -----

To: -----

**SIGNATURE:** From: -----

To: -----

**PLEASE INDICATE NEW DEDUCTION FROM YOUR ACCOUNT GH¢** .....

**SIGNATURE OF POLICYHOLDER:** . . . . .

**REMARKS**

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